

Supplementary material to:

The Italian Version of the Staff Attitude to Coercion Scale: development and empirical validation

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Table S1. Items of the original English SACS and the adaptation of the Italian version of the SACS.

Original scales	Items	English version	Italian translation
<i>Coercion as offending (Factor 1)</i>	3 4 8 13 14 15	Use of coercion can harm the therapeutic relationship. Use of coercion is a declaration of failure on the part of the mental health services. Coercion violates the patients' integrity. Too much coercion is used in treatment. Scarce resources lead to more use of coercion. Coercion could have been much reduced, giving more time and personal contact.	L'uso della coercizione può danneggiare la relazione terapeutica. L'uso della coercizione è una dichiarazione di fallimento da parte dei servizi di salute mentale. La coercizione viola l'integrità dei pazienti. Viene utilizzata troppa coercizione nel trattamento. Scarse risorse portano a maggior utilizzo di coercizione. Si potrebbe ridurre molto la coercizione dedicando più tempo al paziente e al contatto personale.
<i>Coercion as care and security (Factor 2)</i>	1 2 5 7 9 11	Use of coercion is necessary as protection in dangerous situations. For security reasons, coercion must sometimes be used. Coercion may represent care and protection. Coercion may prevent the development of a dangerous situation. For severely ill patients, coercion may represent safety. Use of coercion is necessary toward dangerous and aggressive patients.	L'uso della coercizione è necessario come protezione in situazioni pericolose. La coercizione va utilizzata qualche volta per motivi di sicurezza. La coercizione può rappresentare cura e protezione. La coercizione può prevenire lo sviluppo di una situazione pericolosa. Per i pazienti gravemente ammalati, la coercizione può rappresentare sicurezza. L'uso della coercizione è necessario verso pazienti pericolosi e aggressivi.
<i>Coercion as treatment (Factor 3)</i>	6 10 12	More coercion should be used in treatment. Patients without insight require use of coercion. Regressive patients require use of coercion.	Va utilizzata più coercizione nella terapia. I pazienti senza consapevolezza di malattia necessitano l'uso di coercione. I pazienti con comportamenti regressivi necessitano dell'uso di coercione.

Note. SACS = Staff Attitude to Coercion Scale.

Table S2. Factor loadings of the one- and four-factor solutions of the Italian version of the SACS.

Items	One-factor model		Four-factor model		
	Factor 1	Factor 1	Factor 2	Factor 3	Factor 4
SACS1	0.61	-0.03	0.76	-0.12	-0.08
SACS2	0.47	0.12	0.66	0.00	-0.01
SACS3	-0.54	0.32	-0.05	-0.01	0.47
SACS4	-0.54	0.01	-0.23	0.08	0.56
SACS5	0.60	0.00	0.31	0.15	-0.34*
SACS6	0.30*	-0.29	0.00	0.45	0.06
SACS7	0.64	0.04	0.46	0.32	-0.20
SACS8	-0.50	0.03	0.06	-0.03	0.79
SACS9	0.42	0.11	0.36	0.29	-0.09
SACS10	0.31*	0.02	0.08	0.69	0.02
SACS11	0.48	-0.22	0.52	0.26	0.22
SACS12	0.14*	0.06	-0.15	0.66	-0.04
SACS13	-0.62	0.43	-0.27	0.05	0.26
SACS14	-0.26*	0.71	0.06	0.08	-0.02
SACS15	-0.42	0.72	0.02	-0.06	0.07

Note. N = 217; SACS = Staff Attitude to Coercion Scale; * = loadings that are below the cut-off value of 0.40.

Table S3. Correlation matrix of the three factors of the Italian version of the SACS.

	Factor 1	Factor 2	Factor 3
Factor 1	1.00	-0.29	0.01
Factor 2		1.00	0.20
Factor 3			1.00

Note. N = 217; Factor 1 = Coercion as offending; Factor 2 = Coercion as care and security; Factor 3 = Coercion as treatment.